

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-593145

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
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11	/	10	/	18		
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48	/	10	/	18		
49	/	10	/	18		
50	/	10	/	18		
TOTAL IND.		↓	18	↓		↓
TOTAL DEP.		←	88	←		←
TOTAL CLAIMS			103			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						